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PROGRESSIVE EQUITY CORPORATION						Secretary of State 01-26-2001 90068 002 ***150.00		
Principal Place of Business 525 POINCIANA DRIVE FORT LAUDERDALE FL 33301 JS		Mailing Address 525 POINCIANA DRIVE FORT LAUDERDALE FL 33301 US		San Jan L	CESTIONY			
2 Principal P	Place of Pueir		O Marillan Address					
2. Principal Place of Business		3. Mailing Address			1 1001/1001 FIO FOLKE FELL GOVE OFFIL BOLL GOVE BOTH BOTH FILES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 65-0385221 Applied For Not Applicable		
Zip		Country	Zip	Cour	try	5.	Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current Re	gistered Agent		Name	7. 1	Name and Address of New Registered Agent	
GOFRANK, RON 525 POINCIANA DRIVE FORT LAUDERDALE FL 33301			Name Street Address (P.O. Box Number is Not Acceptable)					
					City		FL Zip Code	
Tax filing	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payat	!!! FEE 01 Fee	will be \$550.	.00	10. Election Campaign Financing Trust Fund Contribution. DATE \$5.00 May Be Added to Fees	
11.	n	OFFICERS AND DI	······································	12.	,	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		K, RON FONA AVE FRDALE FL 33301	☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Defete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			_,	☐ Change ☐ Addition	
TITLE			Delete	TITLE	· · · ·		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP